

MDR Tracking Number: M5-04-0440-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 10-10-03.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The office visits, report preparation, clinical diagnostic evaluation, psychological testing and a diagnostic interview were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 05-27-03 through 07-22-03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 11<sup>th</sup> day of December 2003.

Debra L. Hewitt  
Medical Dispute Resolution Officer  
Medical Review Division  
DLH/dlh

December 10, 2003

David Martinez  
TWCC Medical Dispute Resolution  
4000 IH 35 South, MS 48  
Austin, TX 78704

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\_\_\_ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to \_\_\_ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

\_\_\_ has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Doctor of Chiropractic. The reviewer is on the TWCC Approved Doctor List (ADL). The \_\_\_ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to \_\_\_ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

#### CLINICAL HISTORY

\_\_\_ was injured in a slip and fall injury on \_\_\_. In this accident, the patient hurt her right hand and wrist. The following were noted in the file:

1. 2/3/99 Right wrist surgery (\_\_\_) – Release of the DeQuervain's
2. 3/3/99 Right thumb surgery (\_\_\_) Release of triggered thumb
3. 7/30/99 Initial exam (\_\_\_) Positive Phalen's test, Tinnal's sign and pinch grip
4. 8/18/99 NCV (\_\_\_) Abnormal sensory distal latency of right and left median nerves, and abnormal F-wave latency of the right ulnas nerve
5. 8/24/99 RMI (\_\_\_) Degenerative irregularity of the lunatr, hamate articulation and considerable edema in the dorsal aspect of the carpal region
6. 12/10/99 Trigger point injections (\_\_\_) Median nerve block, right wrist
7. 8/27/02 Right hand/wrist surgery (\_\_\_) Entrapment neuropathy, right median nerve, stenosing tenosynovitis, PT rehab

8. 5/27/03 Examination ( ) Sensory deficit C7 and C8 dermatome, decreased ROM right wrist, and decreased strength of right hand
9. 6/3/03 Clinical review ( ) Authorization approval
10. 6/25/03 Consultation ( ) Trial epidural stimulation catheter
11. 7/22/03 Psychological Assessment ( ) Depression and anxiety related to pain, no behavioral or mental health reasons to impede success of surgical procedure
12. 9/24/03 Follow up visit ( ) Ongoing sympathetically independent neuropathic pain right hand, 90% relief of pain with trial spinal cord stimulator

### DISPUTED SERVICES

Under dispute is the medical necessity of office visits, report preparation, clinical diagnostic evaluation, psychological testing, and a diagnostic interview.

### DECISION

The reviewer disagrees with the prior adverse determination.

### BASIS FOR THE DECISION

Based on the chronic nature and severity of the patient's symptoms, the reviewer finds that the exams in question were appropriate. One had to be able to re-examine a patient when they do not respond as hoped to previous care or if there is an exacerbation of symptoms. This enables a doctor to explore alternate care or treatment. This cannot be accomplished with old data.

Texas Labor Code 408.021 entitles the patient to have care that relieves pain, enables the patient to return to work, or helps the patient maintain their work status. The patient's care, as documented in the requestor's notes, fulfilled those requirements. This was especially highlighted in the 9/24/03 notes form \_\_\_\_ where the patient reported a 90% decrease in pain.

\_\_\_\_ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. \_\_\_\_ has made no determinations regarding benefits available under the injured employee's policy

As an officer of \_\_\_\_, I certify that there is no known conflict between the reviewer, \_\_\_\_ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

\_\_\_\_ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,